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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*none R.S.*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none R.S.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i> <i>Robert L. Hunter R.C.S.</i> Examiner's Signature Initials	STATE OR COUNTRY ME	SHEETS DRAWING 1	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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TITLE  
 Stomach sleeper

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